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Socioeconomic Gradients in Child Health

OBJECTIVE: The objective of this study was to document the relationship between socioeconomic status and three birth outcomes across race, ethnicity and nativity in a nationally representative sample of births.

METHODS: The study was based on data from a new nationally representative sample of children born in the U.S. in 2001 (N = 9,350). Three birth outcomes (low birth weight, preterm birth and infant stay in the NICU) were examined across several categories of race and ethnicity, and by nativity. Socioeconomic status (SES) was measured as a composite index of parents' education, occupation and family income, and associations were adjusted by a rich set of demographic, maternal health and behavior characteristics. Logistic regression analyses were used to examine the association between quintiles of SES and poor birth outcomes across sub-groups of children.

RESULTS: SES had a graded relationship with low birth weight and preterm birth, with those at each higher level of SES having better outcomes. Higher SES did not lead to a reduced likelihood of NICU stay, except for those in the top quintile. Adjusting for a rich set of potential confounders did not change the associations between SES and birth outcomes. The relationship between SES and low birth weight was found only for children of US-born non-Hispanic white and black mothers. There was no significant association between SES and low birth weight for children of Mexican, Chinese, Native American or foreign-born mothers (of any race/ethnicity).

CONCLUSIONS: As with health outcomes for adults, higher SES leads to better birth outcomes for infants; however these associations hold only for native-born whites and blacks. These findings have implications for understanding and alleviating disparities in birth outcomes across racial, ethnic and immigrant groups in the United States.